



| | |
|---|--|
| MR No. : S145273 | Collection Date : 31/10/2023 9:15AM |
| Patient Name : Mr. Sunilkumar D Tank | Age : 32 Y Sex : Male |
| Ref By : Dr. Hospital A Doctor | Report Date : 31/10/2023 12:55 PM |

BIOCHEMISTRY

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Normal Range</u> |
|---|---------------|--------------|---------------------|
| POST PRANDIAL BLOOD GLUCOSE [PPBS] | | | |
| POST PRANDIAL BLOOD GLUCOSE (Hexokinase) | 84 | mg/dl | 100 - 140 |
| POST PRANDIAL URINE GLUCOSE | SNR | | |
| POST PRANDIAL URINE KETONE | SNR | | |

***** End Report *****

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Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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Page 1 of 1



OPD ASSESSMENT FORM



Name Mr. Sunil Kumar Age Sex 32/M MR.No. 5145223
 Doctor Dr. Krunal Gajjar Date 31/10/23
 Ht : 133 cm Wt. : 88.9 kg Temp : 97°F Pulse : 84 b/min BP : 143/84 mmHg
 SPO2 : 98% Post of walk SPO2 : _____

Chief Complaints :

NOT - ANY.

Drug / Food Allergy :

NO.

Prior Medication Reviewed : Yes No

On examination :

RS | NAD
CVS

Past History :

K140 HTN.
- T. Entel trio 10-0.

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :
(Write in Capital Letters)**

Rx
→ cont. same.

Investigation advised :

- s.vit B12, D3. ✓

Krunal
Dr. Krunal Gajjar
 MBBS, MD (MEDICINE)
 CONSULTANT PHYSICIAN
 Reg. No. G-20422
 SUNSHINE GLOBAL HOSPITALS
 SURAT.

Follow Up : _____ Date : _____

Signature



OPD ASSESSMENT FORM



Name Mr. Sunilkumar Tark Age.Sex 32/M MR.No. 5145273

Doctor Dr. Mardik Shroff Date 31/10/23

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

BC Ant-seg MAD

Past History :

↘ ↗ Eye ⁶ 6 ₆ 6/6 Fundi (Central) BR MAD

Provisional Diagnosis :

NA opthalmo

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

Dr. Mardik Shroff

DOMS, DNB (Ophthalmology)

Regd. No. G-28902

Signature

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.

Follow Up : 502 Date : _____



OPD ASSESSMENT FORM



Name Mr. Sunil Kumar D Tank Age Sex 32 M MR.No. 5145273
 Doctor Dr. Sarvendra Singh Date 31/10/23
 Ht : 173 CM Wt. : 88.9 kg Temp : _____ Pulse : 84 bpm BP : 143/84
 SPO2 : 98.1 Post of walk SPO2 : _____ MM/Hg

Chief Complaints :

No

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

C/S
w/ NAD

Past History :

Nil

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

ECG ok
echo ok

Rx

Investigation advised :

lipid profile
Renin with serum

Adv
w/ m/n
lifestyle m/n

Dr. Sarvendra Singh

Follow Up : Date : _____

PGDCC(hons)FCR
 Regd. No. MCI-52268
SUNSHINE GLOBAL HOSPITAL
 Piplod, SURAT.

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-411000



OPD ASSESSMENT FORM



Name Mr. Sunil Kumar D. Tank Age.Sex 32/M MR.No. 5145273

Doctor Dr. Sheileja Desai Date 8/10/23

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Routine renal check up

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

Asymptomatic

Past History :

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :
(Write in Capital Letters)**

Rx

1) scaring

Investigation advised :

D.P. Desai

Follow Up : _____ Date : _____

Signature

DOB:
yr, MALE

Mr Sumir Kumar

D. Tank

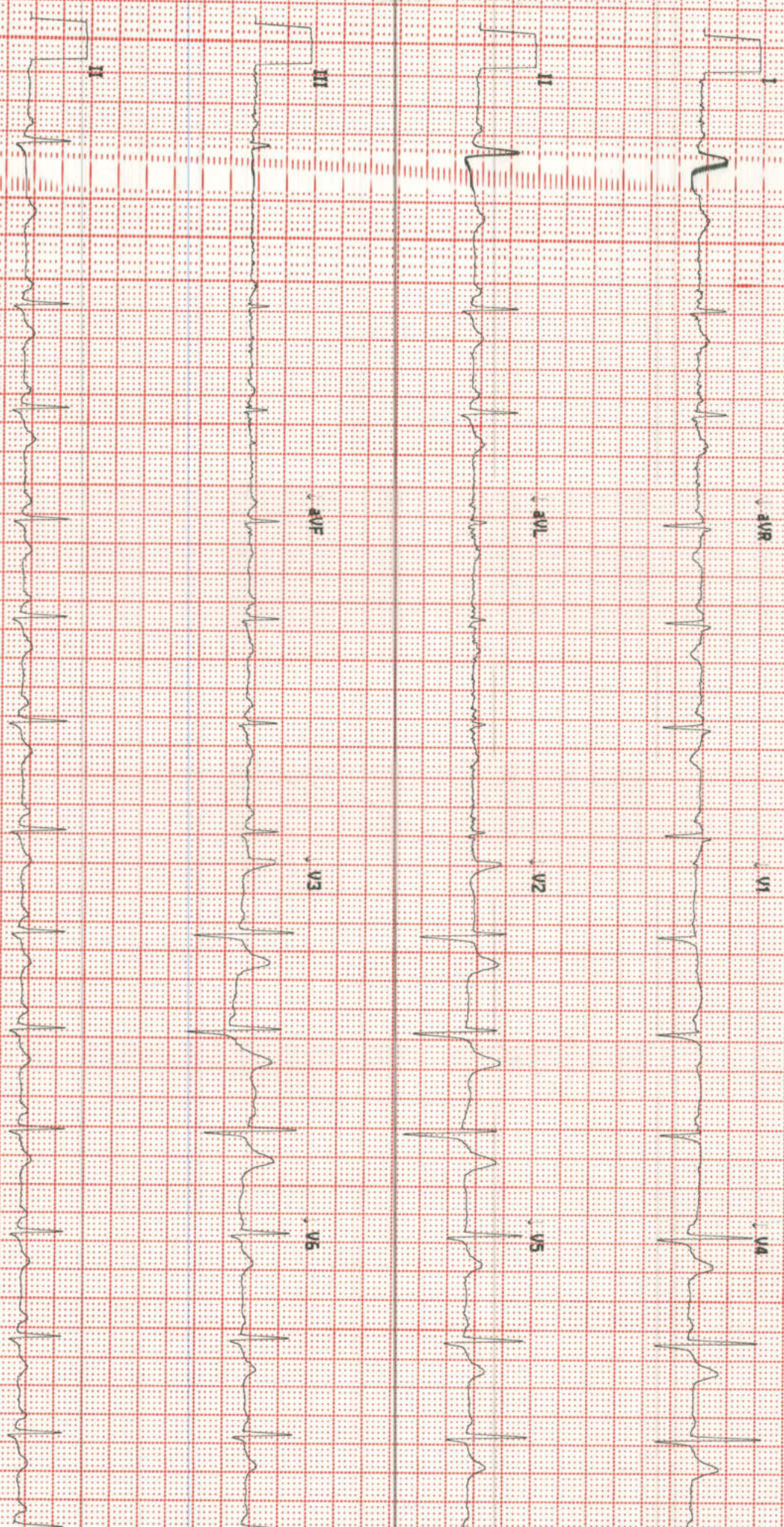
321M

31-Oct-2023 9:25:45

Vent rate: 85 BPM
PR int: 143 ms
QRS dur: 94 ms
QT/QTc: 327/369 ms
P-R-T axes: 65 57 39

SINUS RHYTHM
NORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----





MRNO: S146273



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Sunil Kumar. D. Tank Date : 21/10/23 9:50AM

Sex : M Age : 32 Ref. by Dr. : _____ Done by Dr. Somendra Singh

LV Size :

LVEF : 68 % (VISUAL)

DIASTOLIC DYSFUNCTION :

LVH :

- RWMA : ANTERIOR WALL
- ANTERIOR SEPTUM
- IVS
- LV APEX
- POSTERIOR WALL
- LATERAL WALL
- INFERIOR WALL

NORMAL ECHO

MITRAL VALVE :

AORTIC VALVE

PULMONARY VALVE :

TRICUSPID VALVE

PAH :

PASP :

RA :

LA :

RV :

IVC :

IAS :

IVS :

IVS (s) cm LV(s) cm PW (s) cm LVEF = %

IVS (d) cm LV (d) cm PW (d) cm FS = %

CONCLUSION :

[Handwritten signature]



| | |
|---|--|
| MR No. : S145273 | Collection Date : 31/10/2023 9:15AM |
| Patient Name : Mr. Sunilkumar D Tank | Age : 32 Y Sex : Male |
| Ref By : Dr. Hospital A Doctor | Report Date : 31/10/2023 11:04AM |

HAEMATOLOGY

| Parameter | Result | Units | Normal Range |
|-------------------------------|----------------------------|--------------|---------------------|
| CBC with ESR | | | |
| HAEMOGLOBIN | 14.9 | gm/dl | 13.0 - 17.0 |
| PCV | 46.1 | % | 40 - 50 |
| RBC COUNT | 5.40 | mill/cmm | 4.5 - 5.5 |
| MCV | 85.4 | fl | 76 - 96 |
| MCH | 27.6 | pg | 26 - 32 |
| MCHC | 32.3 | % | 32 - 36 |
| RDW | 13.0 | % | 11 - 15 |
| PLATELET COUNT | 4.12 | lacs/cmm | 1.5 - 4.5 |
| WBC COUNT | 8700 | /cmm | 4000 - 11000 |
| ESR | 13 | mm/hr | 0 - 10 |
| DIFFERENTIAL WBC COUNT | | | |
| NEUTROPHIL | 54 | % | 40 - 70 |
| LYMPHOCYTES | 33 | % | 20 - 40 |
| EOSINOPHILS | 04 | % | 1 - 6 |
| MONOCYTES | 09 | % | 2 - 11 |
| BASOPHILS | 00 | % | 0 - 2 |
| PERIPHERAL SMEAR | | | |
| RBC MORPHOLOGY | Normochromic Normocytic | | |
| WBC MORPHOLOGY | † Within Normal Range | | |
| PLATELET ON SMEAR | Adequate | | |
| HEMOPARASITES | Not Seen | | |

SYSMEX XN-550

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S145273
Patient Name : Mr. Sunilkumar D Tank
Ref By : Dr. Hospital A Doctor
Collection Date : 31/10/2023 9:15AM
Age : 32 Y Sex : Male
Report Date : 31/10/2023 10:58AM

HAEMATOLOGY

| <u>Parameter</u> | <u>Result</u> | <u>Normal Range</u> |
|------------------------------------|---------------|---------------------|
| BLOOD GROUP & RH FACTOR | | |
| BLOOD GROUP | "B" | |
| RH FACTOR | POSITIVE | |

BIOCHEMISTRY

| | | | |
|------------------------------------|--------|-------|----------|
| FASTING BLOOD SUGAR (FBS) | | | |
| FASTING BLOOD GLUCOSE (Hexokinase) | 90 | mg/dl | 74 - 110 |
| FASTING URINE GLUCOSE | Absent | | |
| FASTING URINE KETONE | Absent | | |

CLINICAL CHEMISTRY

| | | | |
|------------------------------------|--------|--------|--------------|
| THYROID FUNCTION TEST [TFT] | | | |
| TOTAL T3 (CLIA) | 1.64 | ng/ml | 0.846 - 2.02 |
| TOTAL T4 (CLIA) | 9.87 | ug/dl | 5.1 - 14.0 |
| TSH (CLIA) | ↑ 2.92 | uIU/ml | 0.2 - 4.5 |

Note:-

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated while in secondary and tertiary hypothyroidism, TSH levels are low.

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| Ref By : Dr. Hospital A Doctor | Report Date : 31/10/2023 11:00AM |

BIOCHEMISTRY

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Normal Range</u> |
|---|---------------|--------------|---|
| HBA1C [GLYCOSYLATED HEAMOGLOBIN] | | | |
| HbA1C | 5.3 | % | Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8 |
| MEAN BLOOD GLUCOSE | 105.41 | mg/dl | |

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

SERUM URIC ACID

| | | | |
|---------------------------|-------|-------|-----------|
| SERUM URIC ACID (Uricase) | + 5.7 | mg/dl | 3.4 - 7.0 |
|---------------------------|-------|-------|-----------|

***** End Report *****

Dr. Shobha Choksi
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Page 1 of 1



| | |
|---|--|
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| Patient Name : Mr. Sunilkumar D Tank | Age : 32 Y Sex : Male |
| Ref By : Dr. Hospital A Doctor | Report Date : 31/10/2023 11:02AM |

BIOCHEMISTRY

| Parameter | Result | Units | Normal Range |
|--|---------------|--------------|--|
| LIVER FUNCTION TEST | | | |
| ALKALINE PHOSPHATASE (IFCC) | 109 | U/L | 35 - 130 |
| BILIRUBIN TOTAL Diazo | 0.3 | mg/dl | 0.0 - 1.2 |
| BILIRUBIN DIRECT Diazo | 0.2 | mg/dl | 0.0 - 0.4 |
| BILIRUBIN INDIRECT (Calc) | 0.1 | mg/dl | 0.0 - 0.8 |
| SGPT (IFCC) | 17 | U/L | 5 - 41 |
| SGOT (IFCC) | 15 | U/L | 5 - 40 |
| SERUM TOTAL PROTEIN Biuret | 7.4 | gm/dl | 6.6 - 8.7 |
| SERUM ALBUMIN BCG | 4.5 | gm/dl | 3.5 - 5.2 |
| SERUM GLOBULIN Calc | 2.9 | gm/dl | 1.5 - 3.5 |
| SERUM A/G RATIO Calc | 1.55 | gm/dl | 1.5 - 2.5 |
| SERUM CREATININE | | | |
| SERUM CREATININE (JAFPE) | 0.7 | mg/dl | 0.5 - 1.2 |
| BUN [BLOOD UREA NITROGEN] | | | |
| BUN | 7.9 | mg/dl | 8 - 23 |
| ALBUMIN-CREATININE RATIO | | | |
| URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry) | 6.4 | mg/L | |
| URINE CREATININE (JAFPE) | 251.3 | mg/dl | |
| ALBUMIN-CREATININE RATIO (Calculated) | 251.3 | mg/gm | Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300 |

***** End Report *****

Signature

Signature

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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| Ref By : Dr. Hospital A Doctor | Report Date : 31/10/2023 10:59AM |

BIOCHEMISTRY

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Normal Range</u> |
|----------------------------|---------------|--------------|---------------------|
| LIPID PROFILE | | | |
| SERUM CHOLESTEROL CHOD PAP | 185 | mg/dl | 50 - 200 |
| HDL CHOLESTEROL Direct | 37 | mg/dl | 40 - 60 |
| LDL CHOLESTEROL Direct | 123.5 | mg/dl | 0 - 100 |
| SERUM TRIGLYCERIDE GPO PAP | 124 | mg/dl | 50 - 150 |
| VLDL Calc | 24.8 | mg/dl | 0 - 30 |
| CHOLESTEROL / HDL RATIO | 5 | | 0 - 5 |
| LDL / HDL RATIO | 3.34 | | 0 - 3 |

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

| TEST | NEAR OPTIMAL (Moderate Risk) | BORDER LINE (Risk) | HIGH (Risk) | VERY HIGH |
|---------------|---------------------------------|-----------------------|----------------|-----------|
| CHOLESTROL | 160-199 | 200-239 | 240-279 | 280 |
| HDL | 50-59 | 40-49 | < 40 | |
| LDL | 100-129 | 130-159 | 160-190 | >190 |
| TRIGLYCERIDES | 150-169 | 170-199 | 240-499 | >500 |
| CHO/HDL RATIO | 3.3-4.4 | 4.4-11.0 | >11.0 | |
| LDL/HDL RATIO | 0.5-3.0 | 3.0-6.0 | >6.0 | |

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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| Patient Name : Mr. Sunilkumar D Tank | Age : 32 Y Sex : Male |
| Ref By : Dr. Hospital A Doctor | Report Date : 31/10/2023 11:04AM |

CLINICAL PATHOLOGY

| <u>Parameter</u> | <u>Result</u> | <u>Normal Range</u> |
|--|---------------|---------------------|
| URINE ROUTINE & MICROSCOPIC EXAMINATION | | |
| TYPE OF SPECIMEN - URINE | Random | |
| PHYSICAL EXAMINATION | | |
| QUANTITY | 30 | ml |
| COLOUR | Pale Yellow | |
| APPEARANCE | Clear | |
| REACTION (pH) | 6.0 | |
| SPECIFIC GRAVITY | 1.030 | |
| CHEMICAL EXAMINATION | | |
| PROTEIN | Absent | |
| GLUCOSE | Absent | |
| KETONE | Absent | |
| BILE SALT | Absent | |
| BILE PIGMENT | Absent | |
| OCCULT BLOOD | Absent | |
| NITRITE | Absent | |
| MICROSCOPIC EXAMINATION | | |
| PUS CELLS | 1-2 | /hpf |
| EPITHELIAL CELLS | 1-2 | /hpf |
| RBC | + Absent | /hpf |
| CASTS | Absent | |
| CRYSTALS | Absent | |
| BACTERIA | Absent | |
| YEAST CELLS | Absent | |

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

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| | |
|-------------------------------------|--------------------------|
| PAT. NAME : Sunil Kumar Tank | Date : 31/10/2023 |
| REF. DOCTOR : Hosp. Dr. | AGE : 32 Yrs / M |
| INV. : USG Abdomen & Pelvis | MR NO. : S145273 |

Findings:

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal is size and calibre.


Pancreas is not visualized, obscured by bowel gas.
Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.
Urinary bladder appears well distended and normal.
Prostate appears normal in size, shape and echopattern.
No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- No significant abnormality seen.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Date & Time of report: 31/10/2023 11:38 AM

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| | |
|-------------------------------|-------------------|
| PAT. NAME : Sunilkumar Tank | Date : 31/10/2023 |
| REF. DOCTOR : Hosp. Dr. | AGE : 32 Yrs / M |
| INV. : Radiograph of Chest PA | MR NO. : S145273 |

Clinical Details: HC

Observation:

- > Both the lung fields appears normal.
- > Both costophrenic angles appear clear.
- > Both the hila appears normal.
- > Trachea appears in midline.
- > Cardiac size and other mediastinal shadows appears normal.
- > Both domes of diaphragm appear normal.
- > Bony thorax appears normal.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 31/10/2023 – 11:06 AM

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